

City of Lowell

Division of Development Services 375 Merrimack Street, Room 55 Lowell, MA 01852

P: 978.674.4144 F: 978.446.7103

Vacant & Foreclosing Property Registration

Fee: \$1,000

Type of Registration: ☐ New Vacant: ☐ Yes ☐ No	☐ Renewal	☐ Update Existing	Office Us Only
Property Address:	perty Address:Unit No:		
Type of Property: ☐ Residential	☐ Commercial	☐ Industrial	Application
Owner or Institution in Possession:			
Contact Name:			PM CID#
Address (No P.O. Box):			Permit #
Phone No: ()	Email:		Permit#
Date Vacated:// Date Vacated:/	ate Order of Notice Rec	orded:/	
City of Lowell Customer Identification	No (if known):]
Name:			
Company:			
Address (No P.O. Box):			-
City:	_ State: Zip	Code:	
Phone No: ()	Email:		
In accordance with the City of Lowell' or Owner's Agent that the: Information provided above is accumulated accumulated at the City's minimum maintenance requirements continued compliance; Property is secured from entry, if we City will issue fines for failure to continue to cont	urate; e time of filing this Regis rements and that inspec acant; and	tration for compliance with	h the
Signature		Date	
Print Name			